

## HEALTH ENTITIES

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** \_\_\_\_\_ **Filings Made During the Year 2014**

| (1)<br>Check-<br>list | (2)<br>Line<br># | (3)<br>REQUIRED FILINGS FOR THE ABOVE STATE                           | (4)<br>NUMBER OF COPIES* |      |         | (5)<br>DUE DATE           | (6)<br>FORM<br>SOURCE** | (7)<br>APPLICABLE<br>NOTES |
|-----------------------|------------------|---|--------------------------|------|---------|---------------------------|-------------------------|----------------------------|
|                       |                  |   | Domestic                 |      | Foreign |                           |                         |                            |
|                       |                  |   | State                    | NAIC | State   |                           |                         |                            |
|                       |                  | <b>I. NAIC FINANCIAL STATEMENTS</b>                                   |                          |      |         |                           |                         |                            |
|                       | 1                | Annual Statement (8 1/2"X14")   | 1                        | EO   | xxx     | 3/1                       | NAIC                    | H,L,M                      |
|                       | 1.1              | Printed Investment Schedule detail (Pages E01-E27)                    | 1                        | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 2                | Quarterly Financial Statement (8 1/2" x 14")                          | 1                        | EO   | xxx     | 5/15, 8/15,<br>11/15      | NAIC                    | H,L,M                      |
|                       |                  | <b>II. NAIC SUPPLEMENTS</b>   |                          |      |         |                           |                         |                            |
|                       | 10               | Accident & Health Policy Experience Exhibit                           | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 11               | Actuarial Opinion   | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       | 12               | Health Care Exhibit (Parts 1, 2 and 3) Supplement                     | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 13               | Health Care Exhibit's Allocation Report Supplement                    | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 14               | Investment Risk Interrogatories                                       | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 15               | Life Supplemental Data due March 1                                    | 1                        | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 16               | Life Supp Statement non-guaranteed elements –Exh 5, Int. #3           | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       | 17               | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2          | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       | 18               | Life Supplemental Data due April 1                                    | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 19               | Long-term Care Experience Reporting Forms                             | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 20               | Management Discussion & Analysis                                      | 1                        | EO   | xxx     | 4/1                       | Company                 |                            |
|                       | 21               | Medicare Supplement Insurance Experience Exhibit                      | 1                        | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 22               | Medicare Part D Coverage Supplement                                   | 1                        | EO   | xxx     | 3/1, 5/15,<br>8/15, 11/15 | NAIC                    |                            |
|                       | 23               | Property/Casualty Supplement due March 1                              | 1                        | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 24               | Property/Casualty Supplement due April 1                              | 1                        | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 25               | Risk-Based Capital Report   | 1                        | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 26               | Schedule SIS  | 1                        | N/A  | N/A     | 3/1                       | NAIC                    |                            |
|                       | 27               | Supplemental Compensation Exhibit                                     | 1                        | N/A  | N/A     | 3/1                       | NAIC                    |                            |
|                       |                  | <b>III. ELECTRONIC FILING REQUIREMENTS</b>                            |                          |      |         |                           |                         |                            |
|                       | 50               | Annual Statement Electronic Filing                                    | xxx                      | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 51               | March PDF Filing  | xxx                      | EO   | xxx     | 3/1                       | NAIC                    |                            |
|                       | 52               | Risk-Based Capital Electronic Filing                                  | xxx                      | EO   | N/A     | 3/1                       | NAIC                    |                            |
|                       | 53               | Risk-Based Capital PDF Filing   | xxx                      | EO   | N/A     | 3/1                       | NAIC                    |                            |
|                       | 54               | Supplemental Electronic Filing  | xxx                      | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 55               | Supplemental PDF Filing   | xxx                      | EO   | xxx     | 4/1                       | NAIC                    |                            |
|                       | 56               | Quarterly Statement Electronic Filing                                 | xxx                      | EO   | xxx     | 5/15, 8/15,<br>11/15      | NAIC                    |                            |
|                       | 57               | Quarterly PDF Filing  | xxx                      | EO   | xxx     | 5/15, 8/15,<br>11/15      | NAIC                    |                            |
|                       | 58               | June PDF Filing   | xxx                      | EO   | xxx     | 6/1                       | NAIC                    |                            |
|                       |                  | <b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>                     |                          |      |         |                           |                         |                            |
|                       | 71               | Accountants Letter of Qualifications                                  | 1                        | EO   | N/A     | 6/1                       | Company                 |                            |
|                       | 72               | Audited Financial Reports   | 1                        | EO   | xxx     | 6/1                       | Company                 |                            |
|                       | 73               | Audited Financial Reports Exemption Affidavit                         | 0                        | N/A  | N/A     |                           | Company                 |                            |
|                       | 74               | Communication of Internal Control Related Matters Noted in Audit      | 1                        | N/A  | N/A     | 8/1                       | Company                 |                            |
|                       | 75               | Independent CPA (change)  | 1                        | N/A  | N/A     |                           | Company                 |                            |
|                       | 76               | Management's Report of Internal Control Over Financial Reporting      | 1                        | N/A  | N/A     | 8/1                       | Company                 |                            |
|                       | 77               | Notification of Adverse Financial Condition                           | 1                        | N/A  | EO      |                           | Company                 | A                          |
|                       | 78               | Request for Exemption to File   | 1                        | N/A  | N/A     |                           | Company                 | J                          |
|                       | 79               | Relief from the five-year rotation requirement for lead audit partner | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       | 80               | Relief from the one-year cooling off period for independent CPA       | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       | 81               | Relief from the Requirements for Audit Committees                     | 1                        | EO   | xxx     | 3/1                       | Company                 |                            |
|                       |                  |   |                          |      |         |                           |                         |                            |
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|-----------------------|------------------|---|--------------------------|-----|---------------|-----------------|-------------------------|----------------------------|
|                       |                  |   | Domestic                 |     | Foreign       |                 |                         |                            |
|                       |                  |   |                          |     |               |                 |                         |                            |
|                       |                  |   |                          |     |               |                 |                         |                            |
|                       |                  | <b>V. STATE REQUIRED FILINGS***</b>         |                          |     |               |                 |                         |                            |
|                       | 101              | Certificate of Compliance                   | 0                        | N/A | EO            | 3/1             | State                   | O                          |
|                       | 102              | Certificate of Deposit                      | 0                        | N/A | EO            | 3/1             | State                   | O                          |
|                       | 103              | Filings Checklist (with Column 1 completed) | 0                        | 0   | 0             |                 | State                   |                            |
|                       | 104              | Holding Company system (Form B & C)         | 1                        | 0   | See Note<br>N | 6/1             | State                   | N                          |
|                       | 105              | Premium tax                                 |                          | 0   |               |                 | State                   | D                          |
|                       | 106              | State Filing Fees                           | 1                        | 0   | 1             | 12/31           | State                   | C                          |
|                       | 107              | Signed Jurat                                | 1                        | 0   | EO            |                 | NAIC                    | O                          |
|                       |                  |   |                          |     |               |                 |                         |                            |
|                       |                  |   |                          |     |               |                 |                         |                            |
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|                       |                  |   |                          |     |               |                 |                         |                            |
|                       |                  |   |                          |     |               |                 |                         |                            |

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:

[http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

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|--|---|--|--|--|
|  |   | <b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>   |  |  |
|  | A | <b><u>Required Filings Contact Person:</u></b><br>Donna Whitley<br>Financial & Market Regulation Division<br><a href="mailto:filings@mid.ms.gov">filings@mid.ms.gov</a><br>601-359-2127  |  |  |
|  | B | <b><u>Physical Address:</u></b><br>Mississippi Insurance Department<br>Attention: Financial & Market<br>Regulation Division<br>Woolfolk State Office Building<br>501 N. West St., Ste. 1001<br>Jackson, MS 39201   | <b><u>Mailing Address:</u></b><br>Mississippi Insurance Department<br>Attention: Financial & Market<br>Regulation Division<br>P O Box 79<br>Jackson, MS 39205-0079 |  |
|  | C | <b><u>Mailing Address for Filing Fees:</u></b> <ul style="list-style-type: none"><li>Filing Fees are due December 31<sup>st</sup>.</li><li>The Department will invoice the filing fees with the company's license renewal fee.</li><li>The Department no longer accepts the payment of fees with the filings (i.e. The Department will no longer accept the \$50.00 filing fee with the submission of the quarterly financial statements or certificates).</li><li>Any questions regarding the payment of filing fees should be addressed to:<br/><a href="mailto:filings@mid.ms.gov">filings@mid.ms.gov</a></li></ul> |  |  |
|  | D | <b><u>Property &amp; Casualty Insurers Premium Tax Payments:</u></b><br><b><u>Physical Address:</u></b><br>Mississippi Department of Revenue<br>Attn: Charmin Tillman<br>1577 Springridge Rd.<br>Raymond, MS 39154<br>601-923-7175   | <b><u>Mailing Address:</u></b><br>Mississippi Department of Revenue<br>Attn: Charmin Tillman<br>P O Box 23075<br>Jackson, MS 39225-3075                            |  |
|  |   | <b><u>Risk Retention Groups Premium Tax Payment:</u></b><br><b><u>Mailing Address:</u></b><br>Mississippi Insurance Department<br>Attn: Accounting Division<br>P O Box 79<br>Jackson, MS 39205-0079<br>601-359-3569  |  |  |
|  | E | <b><u>Delivery Instructions:</u></b><br>All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, the due date is the next business day.   |  |  |
|  | F | <b><u>Late Filings:</u></b><br>Pursuant to <u>Miss. Code Ann.</u> § 83-5-69, company shall pay \$100 for each day's neglect, and upon notice by the commissioner to that effect, its authority to do new business shall cease while such default continues.  |  |  |
|  | G | <b><u>Original Signatures:</u></b><br>Original wet signatures are required on all filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions.   |  |  |
|  | H | <b><u>Signature/Notarization/Certification:</u></b><br>The statement shall be sworn to by the president or vice president and secretary or treasurer or chief managing agent or officer of such company.   |  |  |
|  |   |  |  |  |

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|  |   | <b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>   |  |
|  |   |  |  |
|  | I | <b><u>Amended Filings:</u></b><br>Amended items must be filed within 10 days of their amendment, along with explanation of the amendments. If there are signature requirements for the original filings, then same should be followed for any amendment.   |  |
|  | J | <b><u>Exceptions from normal filings:</u></b><br><br><b>Foreign</b> companies shall submit a written request by <b>electronic filing</b> of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Mississippi. You may submit the request to <a href="mailto:filings@mid.ms.gov">filings@mid.ms.gov</a> .<br><br><b>Domestic</b> companies shall apply at least 10 days prior to the original due date via contact with your analyst.  |  |
|  | K | <b><u>Bar Codes (State or NAIC):</u></b><br>NAIC Annual Statement Instructions should be followed.   |  |
|  | L | <b><u>Signed Jurat:</u></b><br>The Department requires the filing of a signed Jurat for domestic and foreign companies.  |  |
|  | M | <b><u>NONE Filings:</u></b><br>NAIC Annual Statement Instructions should be followed.  |  |
|  | N | <b><u>Filings new, discontinued or modified materially since last year:</u></b><br>Foreign companies which do not have a Holding Company law similar to Mississippi are required to file pursuant to <u>Miss. Code Ann. § 83-6-3</u> .   |  |
|  | O | <b><u>Electronic Filings:</u></b><br><br><b>Foreign insurers</b> shall file an electronic copy with the Department via the Document Submission Portal on or before the statutory due date. To access the Document Submission Portal, please click on the following link:<br><a href="http://www.mid.ms.gov/financial_examination/statement_filing_requirements.aspx">http://www.mid.ms.gov/financial_examination/statement_filing_requirements.aspx</a> .<br><br>Please note that no hard copy filings are required. Should there be any questions concerning use of the Portal, please contact <a href="mailto:filings@mid.ms.gov">filings@mid.ms.gov</a> .<br><br><b>All domestic insurers</b> are still required to submit annual and quarterly filings by paper copy to the Departments as well as electronically to the NAIC by the statutory due date. |  |
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**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly .PDF Filing* is the .pdf file for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

,

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.